******				NODWY GAROTTUS			1	
IPDR6702 RUN DATE:	: 06/13/2005		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	
				CKWRITE DATE: 06/14/2005 FINANCIAL PAYER: NCDMH				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC		TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	TOTAL DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS		-					
		0	0		0	0	0	
3404904	WESTERN HIGHLAN	8505	5533	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		8599	363	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	18	6782	7453	64
				BENEFIT PACKAGE.				
		21	329	DUPLICATE OF CLAIM-SYSTEM				
		21	323	BOFFICATE OF CHAIN-SISIEM				
3404910	PATHWAYS	8505	7175	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
			1					
		24	1156	PROCEDURE CODE, PROCEDURE/MODI	12	9282	10850	156
				FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		0000	240					
		8800	348	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404912	CATAWBA COUNTYM	8505	346	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8931	194	AMTNC INELIGIBLE TO RECEIVE SE	237	768	2210	144
				RVICES IN IPRS.				
		8599	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	11	6875	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		21	4395	DUPLICATE OF CLAIM-SYSTEM	4263	19988	30086	1009
		8931	2355	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA	8599	1904	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	VIORAL HEAL			BENEFIT PACKAGE.				
		21	39	DUPLICATE OF CLAIM-SYSTEM				
			-3	SOLUTION OF CHAIR-SIGIEM	3	2087	8266	617
		10	32	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404917	CENTERPOINT HUM	8505	1799	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	AN SERVICES			N1 DUDGET				
		0500	265	DETAIL NOT COVERED BY COMBINAT				
		8599	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	58	2574	2901	32
				BENEFIT PACKAGE.				
		8800	140	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404918	ROCKINGHAM CO M	8505	69	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	26	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	95	139	1
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
240400		05.05	1015					
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1015	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

Sheet1

	21	278	DUPLICATE OF CLAIM-SYSTEM	16	1867	18166	16299

DROUTDER		HIGH DENIES	NUMBER OF				TOTAL	TOTAL
PROVIDER NUMBER	DROUTERS VIII	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
		8599	266	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8505	2283	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			-	
	L AREA MH D			NI BODGEI			<u> </u>	
							 	
		8599	970	DETAIL NOT COVERED BY COMBINAT	0	3458	5415	1957
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	83	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON			-	
				FUTURE RA'S.				
				10104111 101				
3404921	ORANGE PERSON C	8505	2755	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		8800	451	FURTHER PROCESSING NECESSARY,		40	00	455-
				PLEASE CHECK FOR CLAIM ON	39	4310	8835	4525
				FUTURE RA'S.				
		191	375	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
							<u> </u>	
3404922		8505	4311	CLAIM DENIED DUE TO INSUFFICIE			 	1
3404322	THE DURHAM CENT	8303	4311	NT BUDGET				
	ER							
		8517	1805	CLAIMS DENIED, SUBMITTED BEYON	0	7558	12967	5408
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		0500	0.40					
		8599	948	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			1	
				BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO	8505	1256	CLAIM DENIED DUE TO INSUFFICIE				
	RITY			NT BUDGET				
		8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	1424	1738	314
				BENEFIT PACKAGE.				
				and the state of t				
		8800	65	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404925	SANDHILLS CENTE	21	2503	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD						1	
							-	
	1	8505	1645	CLAIM DENIED DUE TO INSUFFICIE	184	6471	9506	3035
				NT BUDGET	104	04/1	3306	3033
		8599	945	DETAIL NOT COVERED BY COMBINAT			<u> </u>	
				ION OF RECIPIENT, PROVIDER AND				
			-	BENEFIT PACKAGE.			 	
3404926	SOUTHEASTERN RE	8505	2690	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
	<u> </u>	<u> </u>						
		8931	1619	AMTNC INELIGIBLE TO RECEIVE SE	2826	8833	10286	1453
				RVICES IN IPRS.			<u> </u>	
			ļ					
	-	8935	1060	ASTNC INELIGIBLE TO RECEIVE SE				
			1	RVICES IN IPRS.				
				**				
3404927	CUMBERLAND CO M	8505	1713	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
-								
		2000	170					
		8800	172	FURTHER PROCESSING NECESSARY,	0	2147	3833	1686
	1			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				-
	1	1	1	**				
		167	63	NO CHARGE BILLED. ENTER BILLED				
		167	63	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404929	LEE HARNETT MH/	11	1245	CLIENT NOT ELIGIBLE ON SERVICE				
	DD/SAS			DATE				
		8505	1209	CLAIM DENIED DUE TO INSUFFICIE	0	2483	3931	1448
				NT BUDGET				
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930		8505	4	CLAIM DENIED DUE TO INSUFFICIE				
3404330	JOHNSTON COUNTY MNTL HLTHC	0303	*	NT BUDGET				
		0	0		0	4	368	364
3404931	WAKE CO HUM SVC	8505	2742	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		23	1080	SERVICE REQUIRES PRIOR APPROVA	14	4910	5403	493
				L L				
		2000						
		8800	606	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404932		0	0	*** NO DATA TO REPORT ***				
	RANDOLPH/SANDHI LLS CO MH C							
-		-				-		
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	8505	4464	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	440	DETAIL NOT COVERED BY COMBINAT	33	5937	10555	4618
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	434	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404934	ONSLOW COUNTY B	8505	271	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
		2000	170					
		8800	178	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	1	504	1148	643
				FUTURE RA'S.				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		11	23					
3404935	WAYNE CO MENTAL	0	23					
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	DATE				
3404935		0	0	DATE				
3404935		0 0	0	DATE	0	0	0	0
		0	0	DATE *** NO DATA TO REPORT ***	0	0	0	0
	HEALTH CTR WILSON-GREENE M	0 0 8505	0 0 479	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
3404935	HEALTH CTR	0	0	DATE *** NO DATA TO REPORT ***	0	0	0	0
	HEALTH CTR WILSON-GREENE M	0	0 0 479	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0		0	0
	HEALTH CTR WILSON-GREENE M	0	0	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT SUDGET FURTHER PROCESSING NECESSARY,	0	0.	0	776
	HEALTH CTR WILSON-GREENE M	0	0 0 479	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0		0	776
	HEALTH CTR WILSON-GREENE M	0 0 8505	0 0 479	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0		0	776
	HEALTH CTR WILSON-GREENE M	0	0 0 479	DATE *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0		0	776
3404936	HEALTH CTR HILSON-GREENE M ENTAL HEALT	0 0 8505 8800	0 0 479 109 17	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	0		1403	776
	HEALTH CTR WILSON-GREENE M	0 0 8505	0 0 479	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTINC INELIGIBLE TO RECEIVE SE	0		1403	776
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT	0 0 8505 8800	0 0 479 109 17	CLAIM DENIED DUE TO INSUFFICIE THE SUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTHO: INELIGIBLE TO RECEIVE SE EVICES IN IFFS. CLAIM DENIED DUE TO INSUFFICIE	0		1403	776
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT	0 0 8505 8800	0 0 479 109 177 3858	CLAIM DENIED DUE TO INSUFFICIE TURTHER PROCESSING NECESSARY, PURSEC CRECK FOR CLAIM ON FUTURE BA'S. AMTHO: INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	627		
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT	0 0 8505 8800 8931	0 0 479 109 17	CLAIM DENIED DUE TO INSUFFICIE TSUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON	33			776
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT	0 0 8505 8800 8931	0 0 479 109 177 3858	CLAIM DENIED DUE TO INSUFFICIE TURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTHO: INILIGIBLE TO RECEIVE SE RYCIES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY,	33	627		
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT	0 0 8505 8800 8931	0 0 479 109 177 3858	CLAIM DENIED DUE TO INSUFFICIE TSUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON	33	627		
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT	0 0 8505 8800 8931 8505	0 0 479 109 17 3858	CLAIM DENIED DUE TO INSUFFICIE TURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTHO: INCLUDENCE OF THE SEE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	33	627		
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT	0 0 8505 8800 8931 8505	0 0 479 109 17 3858	CLAIM DENIED DUE TO INSUFFICIE TURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTHO: INCLUDENCE OF THE SEE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	33	627		
3404936	HEALTH CTR HILSON-GREENE M ENTAL HEALT EDGECOMBE NASH MNTL HLTH C	0 0 8505 8800 8931 8505	0 0 479 109 17 3858	CLAIM DENIED DUE TO INSUFFICIE TURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET AMTHO: INCLUDENCE OF THE SEE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	33	627		
3404936	HEALTH CTR WILSON-GREENE M ENTAL HEALT EDGECOMBE NASH NOTE HEAT	0 0 8505 8800 8931 8505	0 0 479 109 17 3858	-** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. AMTHC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DUPLICATE OF CLAIM-SYSTEM	33	627		

_							
Г		0	0	0	33	33	0

PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	TOTAL CLAIMS	TOTAL
NOTIDEN	PROVIDER NAME	2020	DENTITED	DEGGETTTON	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	8505	1566	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
		8800	377	FURTHER PROCESSING NECESSARY,	5	2262	3627	1365
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	100	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		-		
3404941	PITT CO MH/DD/S	8599	351	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	312	DUPLICATE OF CLAIM-SYSTEM	17	0.42	1120	200
					1.7	842	1128	286
		11	75	CLIENT NOT ELIGIBLE ON SERVICE				
		11	/5	DATE				
	ROANOKE CHOWANH	8505	277	CLAIM DENIED DUE TO INSUFFICIE				
	UMAN SERVIC	+		NT BUDGET				
		8599	121	DETAIL NOT COVERED BY COMBINAT	17	421	694	273
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		+		DANIEL LI ENGINGE.				
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE		-		
				RVICES IN IPRS.				
3404943		8505	493	CLAIM DENIED DUE TO INSUFFICIE				
3404343	ALBEMARLE MENTA L HEALTH CE	6505	433	NT BUDGET				
	I REALIN CE							
		8800	161	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	39	892	3406	1730
				FUTURE RA'S.				
		11	54	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE		-		
3404944	EASTPOINTE HUMA	8505	587	CLAIM DENIED DUE TO INSUFFICIE		-		
	N SERVICES			NT BUDGET				
		21	107	DUPLICATE OF CLAIM-SYSTEM	59	864	3014	2150
		8599	84	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	DOOMITTED ACTIVI	21	508	DUPLICATE OF CLAIM-SYSTEM		 		
	FOOTHILLS AREAM ENTAL HEALT			OLUMBIA OLUMBIA				
		0500	200	DEBATE NOR COURDED TO THE PROPERTY.				
		8599	290	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	34	1264	9330	8066
				BENEFIT PACKAGE.				
		11	116	CLIENT NOT ELIGIBLE ON SERVICE DATE				
			-			<u> </u>		
3404957	TIDELAND MENTAL	8505	6214	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		1				 	 	
		8800	50	FURTHER PROCESSING NECESSARY,	18	6330	6408	78
				PLEASE CHECK FOR CLAIM ON	10	0330	0400	70
				FUTURE RA'S.				
		8599	22	DETAIL NOT COVERED BY COMBINAT		 	-	
			<u> </u>	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				L
		1 -		CLAIM DENIED DUE TO INSUFFICIE				
2404025		05.05			1	1		
3404979	NEW RIVER AREAM	8505	4765					
	NEW RIVER AREAM H/DD/SA PRO	8505	4765	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
				NT BUDGET				
		8505	446	NT BUDGET FURTHER PROCESSING NECESSARY,	133	5793	9165	3372
				NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	133	5793	9165	3372
				NT BUDGET FURTHER PROCESSING NECESSARY,	133	5793	9165	3372